

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
OFFICE OF THE SUPERINTENDENT'S ASSISTANT
SCI-GREENE


FOR OFFICIAL USE ONLY

85329

GRIEVANCE NUMBER

DATE: June 2, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin 
F Unit, D Pod

FROM: Dan Davis 
Acting Superintendent's Assistant

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ☐ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures.
 - b. DC-ADM 802-Administrative Custody Procedures.
 - c. Other policies not applicable to DC-ADM 804.
2. ☐ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ☐ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ☐ Group grievances are prohibited.
5. ☒ **The grievance was not signed and/or dated.**
6. ☐ Grievances must be legible and presented in a courteous manner.
7. ☐ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ☐ Grievances based upon different events shall be presented separately.
9. ☐ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. ☐ You are currently under grievance restriction. You may not file any grievances until _____.
Date
11. ☐ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ☐ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

DD:ack

cc: FILE
DC-15

DC-604
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

85329

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Sharon Deleto	FACILITY: SCI-GREENE	DATE: JUNE 1, 2004
FROM: (INMATE NAME & NUMBER) DERRICK RANKINE EU5850	SIGNATURE of INMATE Derrick Rankine	
WORK ASSIGNMENT:	HOUSING ASSIGNMENT: RHUFID 9	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

Since coming to SCI-GREENE, the medical department have been and continues to charge me for treatment and medications, when I received no treatment or medication. For example I was charged \$4.00 on 05/01/04, \$2.00 on 05/06/04, and \$2.00 on 05/07/04, when I was not seen by the medical department. Even though I sent a sick call request, informing medical that I was not be fed. I was not weighted, not given any new medication, and not treated on any of the above days, yet I was charged. Please correct. I left SCI-Somerset taking 1000mg of Niacin 100mg Zolof, 75 mg Bendakill, 500mg Motrin daily and none of these medications were charge or add to

B. List actions taken and staff you have contacted, before submitting this grievance.

I informed Secretary Beard and Deputy Shaffer of all the above on 05/28/04, and sent numerous requests to the medical department get nothing was done. I would like all medical fees removed from my account immediately. Personal conference with the Superintendent and PR requested.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

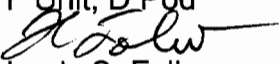
Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised
December 2000

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
SCI GREENE
OFFICE OF THE SUPERINTENDENT
724-852-2902
June 7, 2004

SUBJECT: Appeal of Rejected Grievance 85329

TO: Mr. Rankin, ~~EU-5850~~
F Unit, D Pod

FROM: Louis S. Folino
Superintendent

I am in receipt of your June 4, 2004 appeal of the Grievance Coordinator's rejection of Grievance number 85329. I have reviewed your grievance packet and the Grievance Coordinator's rationale for rejecting your grievance, dated June 2, 2004.

Insofar as your name of commitment is Derrick Rankin, please use that name on all correspondence with the Department of Corrections.

Your instant appeal is denied.

LSF:djk

CC: Deputies
CSA Grievance File at 85329
DC-15 EU-5850

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER GRIEVANCE APPEAL # 85329		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) Superintendent Folino		2. Date: JUNE 4, 2004	
3. By: (Print Inmate Name and Number) DERRICK RANKINE EUS850 Derrick Rankine Inmate Signature		4. Counselor's Name Mr. Ivan	
6. Work Assignment		5. Unit Manager's Name Captain Hall	
		7. Housing Assignment RHU FID9	
8. Subject: State your request completely but briefly. Give details.			
This grievance was signed and dated with my correct name and signature and June 1, 2004. The grievance officer did not discuss this grievance with me. The medical department continues to charged me for medications and medical treatment when I received no medications or treatment from the medical department from February 22 2004. I have repeatedly asked to be weighted and this was not done as yet.			
Respectfully Derrick Rankine			
9. Response: (This Section for Staff Response Only)			
To DC-14 CAR only <input type="checkbox"/>			
To DC-14 CAR and DC-15 IRS <input type="checkbox"/>			

Staff Member Name _____ / _____ Date _____
 Print Sign

DEPARTMENT OF CORRECTIONS
OFFICE OF THE SUPERINTENDENT'S ASSISTANT
SCI-GREENE

FOR OFFICIAL USE ONLY

85330

GRIEVANCE NUMBER

DATE: June 2, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, ~~19-02-30~~
F Unit, D Pod

FROM: San Davis
Acting Superintendent's Assistant

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ____ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures.
 - b. DC-ADM 802-Administrative Custody Procedures.
 - c. Other policies not applicable to DC-ADM 804.
2. ____ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ____ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ____ Group grievances are prohibited.
5. X **The grievance was not signed and/or dated.**
6. ____ Grievances must be legible and presented in a courteous manner.
7. ____ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ____ Grievances based upon different events shall be presented separately.
9. ____ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. ____ You are currently under grievance restriction. You may not file any grievances until _____.
Date
11. ____ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ____ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

DD:ack

cc: FILE
DC-15

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

85330

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Sharon DeFetto	FACILITY: SCI-GREENE	DATE: May 6/1/04
FROM: (INMATE NAME & NUMBER) DERRICK RANKINE EU5850	SIGNATURE OF INMATE: Derrick Rankine	
WORK ASSIGNMENT: 100 day relief requested	HOUSING ASSIGNMENT: RHU FID9	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

In retaliation for 1) refusing to have a homosexual relationship, 2) refusing to withdraw my law suits against SCI-Albion and SCI-Gumeret and 3) refusing to withdraw my lawsuit against SCI-GREENE and 4) my criminal appeals. RHU STAFF HAVE BEEN and continues to denied me access to the law library. the warden of a stapler, access to and warden of the copy machine and now access to the yard. For example today 6/1/04 CLO Henry denied me access to the yard even though I was at my cell door without clothing and with the cell lights on. I have only been allow to go to the yard on approximately 4 occasions since January 20 2004 and I have not been to the law library since February 18, 2004.

B. List actions taken and staff you have contacted, before submitting this grievance.

I informed Sgt Tanner this morning and everyday since April 27, 2004 and signed up for the yard every morning and the law library every week. As you may recall I was assaulted on April 27 2004 by CLO Henry on my way from the yard. I also informed Mr. Tran of all the above. I wouldes everyone he was on file. I also informed BEARD and Deputy Sheriff on May 25, 2004.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

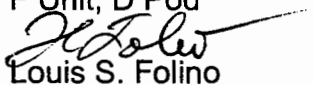
WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised
December 2000PERSONAL INTERFERENCE WITH SUPERINTENDENT TOLINO
AND PRC REQUESTED OR

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
SCI GREENE
OFFICE OF THE SUPERINTENDENT
724-852-2902
June 7, 2004**

SUBJECT: Appeal of Rejected Grievance 85330

TO: Mr. Rankin, EU-5850
F Unit, D Pod

FROM: 
Louis S. Folino
Superintendent

I am in receipt of your June 5, 2004 appeal of the Grievance Coordinator's rejection of Grievance number 85330. I have reviewed your grievance packet and the Grievance Coordinator's rationale for rejecting your grievance, dated June 2, 2004.

Insofar as your name of commitment is Derrick Rankin, please use that name on all correspondence with the Department of Corrections.

Your instant appeal is denied.

LSF:djk

CC: Deputies
CSA Grievance File at 85330
DC-15 EU-5850

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
GRIEVANCE APPEAL # 85330			
1. To: (Name and Title of Officer)	2. Date:		
SUPERINTENDENT FOLINO	JUNE 5, 2004		
3. By: (Print Inmate Name and Number)	4. Counselor's Name		
DERRICK RANKINE EUS850	Mr. Ivan		
Derrick Rankine	5. Unit Manager's Name		
Inmate Signature	Captain Hall		
6. Work Assignment	7. Housing Assignment		
	RHU FID 9.		
8. Subject: State your request completely but briefly. Give details.			
<p>THE GRIEVANCE OFFICER DID NOT DISCUSSED THIS GRIEVANCE WITH ME, AND THIS GRIEVANCE WAS DATED AND SIGNED WITH MY CORRECT NAME AND SIGNATURE.</p> <p>I HAVE NOT RECEIVED MY INDIGENT PACKAGES FOR APRIL 2004 AS YET; AND I WAS ONLY GIVEN 50 TYPING SHEETS AND 5 CARBON PAPERS FOR MAY 2004. I AM STILL IN NEED OF 1000 TYPING SHEETS, 100 CARBON PAPERS, 5 MANILLA ENVELOPES, TWO WEDGES, A STAPLER, COPY MACHINE, REPLACEMENT PENS, AND ACCESS TO THE LAW LIBRARY.</p> <p>Respectfully, Derrick Rankine</p>			
9. Response: (This Section for Staff Response Only)			
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

Staff Member Name _____ / _____ Date _____
 Print Sign

FOR OFFICIAL USE ONLY

85332

GRIEVANCE NUMBER

DATE: June 2, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, ~~REDACTED~~
F Unit, D Pod

FROM: Dan Davis
Acting Superintendent's Assistant

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ☐ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures.
 - b. DC-ADM 802-Administrative Custody Procedures.
 - c. Other policies not applicable to DC-ADM 804.
2. ☐ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ☐ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ☐ Group grievances are prohibited.
5. ☒ **The grievance was not signed and/or dated.**
6. ☐ Grievances must be legible and presented in a courteous manner.
7. ☐ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ☐ Grievances based upon different events shall be presented separately.
9. ☐ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. ☐ You are currently under grievance restriction. You may not file any grievances until _____.
Date
11. ☐ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ☐ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

DD:ack

cc: FILE
DC-15

DC-P04
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

85332

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Sharon Deleto	FACILITY: SCI-GREENE	DATE: May 29, 2004
FROM: (INMATE NAME & NUMBER) DERRICK RANKINE EU5850	SIGNATURE OF INMATE: Derrick Rankine	
WORK ASSIGNMENT: Blood draw relief requested with RHU FID-9	HOUSING ASSIGNMENT:	
INSTRUCTIONS: permanent separation from CIOs Anderson, Bunker Henderson, Stickles, Henry, Bowlin, Cowan, Schnap, and Engelhardt		
<p>A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.</p> <p>In retaliation for filing a civil law suit against SCI-GREENE and refusing to withdraw my lawsuits against SCI Albion and SCI Somerset, Superintendent Folino and Captain Hall et al have allowed and continues to allowed the above individuals to abuse me from February 23, 2004 to the present time. For example CIO Engelhardt told me "you need a bullet in your head; no you need a couple bullets in your head" on 05/21/04. On 05/24/04, CIO Anderson threw an apple on my cell door, and CIO Stickles used a mop to wipe this apple juice and pieces all over my cell window and threatened to kill me; and called me "a piece of shit". On 05/25/04 CIO Schnap wrote "HOMO" on the back of my indigent and then taped it on my cell window with my no pork sign and threatened to kill me. All the above individuals will except CIO and Henry continues to threatened my life daily; denied me supplies, showers and access to the yard etc.</p>		
<p>B. List actions taken and staff you have contacted, before submitting this grievance.</p> <p>I informed Secretary Beard and Deputy Shaffer of all the above on 05/28/04. I informed Mr. Ivan on 05/24/04 and Captain Hall on 05/25/04; and I have repeatedly asked for a separation from all the above staff. Yet these individuals are allowed to abuse me daily. I also informed Lt. Meighen on 05/28/04. When I was forcibly removed from my cell by Sgt. Santos, CIO Stickles and Krummer.</p>		

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date


WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised
December 2000

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
SCI GREENE
OFFICE OF THE SUPERINTENDENT
724-852-2902
June 7, 2004

SUBJECT: Appeal of Rejected Grievance 85332

TO: Mr. Rankin, **EU-5850**
F Unit, D Pod

FROM: 
Louis S. Folino
Superintendent

I am in receipt of your June 4, 2004 appeal of the Grievance Coordinator's rejection of Grievance number 85332. I have reviewed your grievance packet and the Grievance Coordinator's rationale for rejecting your grievance, dated June 2, 2004.

Insofar as your name of commitment is Derrick Rankin, please use that name on all correspondence with the Department of Corrections.

Your instant appeal is denied.

LSF:djk

CC: Deputies
CSA Grievance File at 85332
DC-15 EU-5850

Form DC-135A INMATE'S REQUEST TO STAFF MEMBER Grievance Appeal #85332	Commonwealth of Pennsylvania Department of Corrections INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.
1. To: (Name and Title of Officer) Superintendent Fulino	2. Date: June 4, 2004
3. By: (Print Inmate Name and Number) DERRICK RANKINE FUS 850 Derrick Rankine Inmate Signature	4. Counselor's Name Mr. Ivon 5. Unit Manager's Name Captain Hall
6. Work Assignment	7. Housing Assignment RHU F109.
8. Subject: State your request completely but briefly. Give details. This grievance was signed and dated with my current name signature and May 29, 2004. The grievance officer did not discuss this grievance with me and the abuses continues. For example on June 3, 2004, C/O Stickle, Henry and Engelhardt denied me all supplies and towels. This morning C/O Stickle came over the microphone and threatened to kill me, physically and sexually abused me. This was also done on June 3, 2004. C/O Engelhardt told me "you need a bullet in your head on 05/29/04." "No" you need a couple bullets in your head for speaking, rating, telling "on everybody on 05/29/04." If you can see my request for protective custody from C/O Stickle, Henry, Engelhardt, Schnap, C/O, Blaker, Henderson, Anderson, Manberry, Bowen and Stephen are well founded in these continued threats as you will see. My staff are trying to prevent me from documenting these threats and abuses by denying me pens, requests to staff, grievances, dial call slips, cash slips and envelopes.	
Respectfully Derrick Rankine	
To DC-14 CAR only <input type="checkbox"/>	To DC-14 CAR and DC-15 IRS <input type="checkbox"/>

Staff Member Name _____ / _____ Date _____
 Print Sign

FOR OFFICIAL USE ONLY

85335

GRIEVANCE NUMBER

DATE: June 2, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin [REDACTED]
F Unit, D Pod

FROM: Dan Davis
Acting Superintendent's Assistant

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ☐ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures.
 - b. DC-ADM 802-Administrative Custody Procedures.
 - c. Other policies not applicable to DC-ADM 804.
2. ☐ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ☐ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ☐ Group grievances are prohibited.
5. ☒ **The grievance was not signed and/or dated.**
6. ☐ Grievances must be legible and presented in a courteous manner.
7. ☐ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ☐ Grievances based upon different events shall be presented separately.
9. ☐ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. ☐ You are currently under grievance restriction. You may not file any grievances until _____
Date
11. ☐ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ☐ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

DD:ack

cc: FILE
DC-15

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

85335

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Shannon DeLetho	FACILITY: SCI-GREENE	DATE: May 29, 2004
FROM: (INMATE NAME & NUMBER) JERRICK RANKINE EU5850	SIGNATURE OF INMATE: Demick Rankine	
WORK ASSIGNMENT: \$1000 RELIEF requested plus	HOUSING ASSIGNMENT: RHU FID 9	
INSTRUCTIONS: SEPARATION FROM BLAKER, Anderson, Hendersen and Stickles.		
<p>1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.</p> <p>2. State your grievance in Block A in a brief and understandable manner.</p> <p>3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.</p>		
<p>A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.</p> <p>In retaliation for filing a civil lawsuit against SCI GREENE, Albion and Somerset CIO BLAKER, Hendersen, Coy Schnap, Anderson and Stickles, in collaboration with Sgt. Santoyo and Lt. Meighen are stealing my incoming and outgoing mails and destroying them without my consent. For example, on 05/28/04, I gave CIO Schnap a letter with two cash slips. I have not received this cash slip receipt as yet, and on 05/16/04 I gave CIO Coy a letter with two cash slips and I have not received my cash slip receipt as yet. I gave BAXTER a letter with two cash slips and I have not received my cash slip receipt as yet. I have filed approximately 12 grievances and three misconduct appeals and I have received no response to these grievances or misconduct as yet.</p>		
<p>B. List actions taken and staff you have contacted, before submitting this grievance.</p> <p>I informed Secretary Beard, Shaffer and Captain Hall of the above and filed numerous grievances. In retaliation I was denied all my dinners from May 17 to May 21, 2004 by CIO BLAKER, Bowlin, Popen and Hendersen and Gadzag (Sgt). Also my T-shirt, Boxers and sheet was taken away by BLAKER.</p>		

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator


Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised
December 2000

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
SCI GREENE
OFFICE OF THE SUPERINTENDENT
724-852-2902
June 7, 2004

SUBJECT: Appeal of Rejected Grievance 85335

TO: Mr. Rankin, ~~EU-5850~~
F Unit, D Pod

FROM: Louis S. Folino
Superintendent

I am in receipt of your June 4, 2004 appeal of the Grievance Coordinator's rejection of Grievance number 85335. I have reviewed your grievance packet and the Grievance Coordinator's rationale for rejecting your grievance, dated June 2, 2004.

Insofar as your name of commitment is Derrick Rankin, please use that name on all correspondence with the Department of Corrections.

Your instant appeal is denied.

LSF:djk

CC: Deputies
CSA Grievance File at 85335
DC-15 EU-5850

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER Grievance Appeal # 85335		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) Superintendent Folino		2. Date: June 4, 2004	
3. By: (Print Inmate Name and Number) DERRICK RANKINE EU 5850 Derrick Rankine Inmate Signature		4. Counselor's Name Mr. Ivan	
6. Work Assignment		5. Unit Manager's Name Captain Hall	
		7. Housing Assignment RHU FID 9.	
8. Subject: State your request completely but briefly. Give details. This grievance was signed and dated May 29, 2004, with my correct name and signature. The grievance officer did not discuss this grievance with me. C/O BLAKER, Bywlin, HENDERSEN, ANDERSON and STICKLES continue to steal my mails. Respectfully, Derrick Rankine			
9. Response: (This Section for Staff Response Only)			
To DC-14 CAR only <input type="checkbox"/> To DC-14 CAR and DC-15 IRS <input type="checkbox"/>			

Staff Member Name _____ / _____ Date _____
 Print Sign

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
OFFICE OF THE SUPERINTENDENT'S ASSISTANT
SCI-GREENE

FOR OFFICIAL USE ONLY

85339

GRIEVANCE NUMBER

DATE: June 2, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin [REDACTED]
F Unit, D PodFROM: Dan Davis
Acting Superintendent's Assistant

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ☐ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures.
 - b. DC-ADM 802-Administrative Custody Procedures.
 - c. Other policies not applicable to DC-ADM 804.
2. ☐ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ☐ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ☐ Group grievances are prohibited.
5. ☒ **The grievance was not signed and/or dated.**
6. ☐ Grievances must be legible and presented in a courteous manner.
7. ☐ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ☐ Grievances based upon different events shall be presented separately.
9. ☐ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. ☐ You are currently under grievance restriction. You may not file any grievances until _____.
Date
11. ☐ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ☐ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

DD:ack

cc: FILE
DC-15

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

85339

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Shawn Deleto	FACILITY: SCI-GREENE	DATE: JUNE 1, 2004
FROM: (INMATE NAME & NUMBER) JERRICK RANKINE EU5850	SIGNATURE of INMATE Jerrick Rankine	
WORK ASSIGNMENT: \$100 day relief requested	HOUSING ASSIGNMENT: RHU FID 9.	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

On Thursday May 27, 2004, CIO BLAKER, Bowlin Anderson and HENDERSEN took away all my laundry that I sent to be washed and refused to returned them to me. I am in need of three (1X) BOXERS, three (3X) T-shirts, 2 sheets and two towels, 1 pillow and a pillow case. I was told by the above STAFF members "this shit will continue until you do the right thing Nigger, you piece of shit!"

Personal conference with the Superintendent and PRC requested.

B. List actions taken and staff you have contacted, before submitting this grievance.

I informed Secretary Beard and Deputy Sheriff on 05/28/04 Lt MEIGHEN and Sgt. SANTOYO on 05/28/04, 05/29/04, 05/30/04 and 05/31/04 to NO AVAIL. In retaliation my cell was searched on 05/28/04 and on 05/29/04 and I was forcibly stripped searched in the presence of CIO BLAKER and HENDERSEN on 05/29/04

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

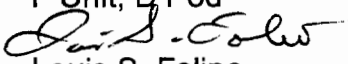
WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised
December 2000

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
SCI GREENE
OFFICE OF THE SUPERINTENDENT
724-852-2902
June 17, 2004**

SUBJECT: Appeal of Rejected Grievance 85339

TO: Mr. Rankin, EU-5850
F Unit, D Pod

FROM: 
Louis S. Folino
Superintendent

I am in receipt of your June 16, 2004 appeal of the Grievance Coordinator's rejection of Grievance number 85339. I have reviewed your grievance packet and the Grievance Coordinator's rationale for rejecting your grievance, dated June 2, 2004.

Insofar as your name of commitment is Derrick Rankin, please use that name on all correspondence with the Department of Corrections.

Also, please note it is your responsibility to maintain copies of appeals submitted to this office.

Your instant appeal is denied.

LSF:djk

CC: Deputies
CSA Grievance File at 85339
DC-15 EU-5850

6/17

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER GRIEVANCE Appeal # 85339		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) <u>Superintendent Folino</u>		2. Date: <u>June 16, 2004</u>	
3. By: (Print Inmate Name and Number) <u>DERRICK RANKINE EU5850</u> <u>Derrick Rankine</u> Inmate Signature		4. Counselor's Name <u>Mr. Ivan</u>	
		5. Unit Manager's Name <u>Captain Hall</u>	
6. Work Assignment <u>\$150/day relief requested</u>		7. Housing Assignment <u>RHU FID9</u>	
8. Subject: State your request completely but briefly. Give details.			
<p>On Thursday 5/27/04 C/O Blaker, Bowlin, Anderson, Henderson and Stickles took away all my laundry that I sent to be washed and refused to return them to me. I am in need of 3(x) boxers, 3(3x4-Shirts), 1 pillow. Now I did receive a pair of Rhu pants on 06/15/04, two sheets on 06/12/04, two towels on 06/13/04. Also I need a 3x thermal underwear top and a 2x thermal underwear bottom with two wash rags.</p> <p>This grievance was signed with my correct name and dated correctly. So the grievance officer is mistaken. The grievance officer did not discuss this grievance with me.</p> <p>I am also in need of a copy of my grievance appeal to Superintendent Folino for grievance numbers 85332, 85329, 85335, 85330, 85346, and 85346. Had your staff gave me the necessary supplies, I would send a departure request.</p>			
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

Staff Member Name _____ / _____ Date _____
 Print Sign

DATE: June 2, 2004
SUBJECT: Grievance Rejection Form

TO: Mr. Rankin ~~REDACTED~~
F Unit, D Pod

FROM: 
Acting Superintendent's Assistant

FOR OFFICIAL USE ONLY 85342 GRIEVANCE NUMBER
--

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ☐ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures.
 - b. DC-ADM 802-Administrative Custody Procedures.
 - c. Other policies not applicable to DC-ADM 804.
2. ☐ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ☐ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ☐ Group grievances are prohibited.
5. ☒ **The grievance was not signed and/or dated.**
6. ☐ Grievances must be legible and presented in a courteous manner.
7. ☐ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ☐ Grievances based upon different events shall be presented separately.
9. ☐ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. ☐ You are currently under grievance restriction. You may not file any grievances until _____.
Date
11. ☐ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ☐ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

DD:ack

cc: FILE
DC-15

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

85342

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Sharon Deleto	FACILITY: SCI-GREENE	DATE: JUNE 1, 2004
FROM: (INMATE NAME & NUMBER) DERRICK RANKINE EU 5850	SIGNATURE OF INMATE: Derrick Rankine	
WORK ASSIGNMENT: \$1000/day relief requested with	HOUSING ASSIGNMENT: RHU FID 9	
INSTRUCTIONS: DEPARTION FROM C/O ANDERSON, Henry Engelhardt, Blaker, HENDERSEN		
1. Refer to the DC-ADM 804 for procedures on the inmate grievance system. 2. State your grievance in Block A in a brief and understandable manner. 3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted. STICKLES, COY, SCHNAP.		

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

In retaliation For informing Secretary Beard of the abuses that is taking place in the Rhu and refusing to withdraw my Law Suits, C/O Engelhardt and Anderson continues to threatened my life and C/O Blaker, HENDERSEN, Bowlin, Stickles and Anderson refused to returned my laundry and mails For example on 05/28/04 C/O Anderson said to me "you heard that you told on me, we are going to see about that" "your piece of shit" On 05/29/04 C/O Engelhardt said to the whole pod "Rankine told on everybody; you need a bullet in your head Rankine" "No, you need a couple bullets in your head you bitch" On 05/31/04 while going to the shower C/O Anderson point his finger at me and said "I am going to get you nigger"

B. List actions taken and staff you have contacted, before submitting this grievance.

I informed Lt. Meighen and Sgt. Santiago of all the above on 05/28/04 and 05/29/04 and 05/31/04. Yet nothing was done. I filed for an emergency restraining order against C/O Blaker, Stickles, Engelhardt, Bowlin, Anderson, Henry, Tanner, Coy, Schnap and HENDERSEN. I also sent a letter to Congress Chata Faltah and Governor Rendell.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised
December 2000

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
OFFICE OF THE SUPERINTENDENT'S ASSISTANT
SCI-GREENE

FOR OFFICIAL USE ONLY
85346
GRIEVANCE NUMBER

DATE: June 2, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, [REDACTED]
F Unit, D Pod

FROM: 
Dan Davis
Acting Superintendent's Assistant

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ☐ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures.
 - b. DC-ADM 802-Administrative Custody Procedures.
 - c. Other policies not applicable to DC-ADM 804.
2. ☐ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ☐ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ☐ Group grievances are prohibited.
5. ☒ **The grievance was not signed and/or dated.**
6. ☐ Grievances must be legible and presented in a courteous manner.
7. ☐ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ☐ Grievances based upon different events shall be presented separately.
9. ☐ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. ☐ You are currently under grievance restriction. You may not file any grievances until _____.
Date
11. ☐ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ☐ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

DD:ack

cc: FILE
DC-15

COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF CORRECTIONS
 P.O. BOX 598
 CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY
 85346
 GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Sharon Deleto	FACILITY: SCT-GREENE	DATE: JUNE 1, 2004
FROM: (INMATE NAME & NUMBER) DERRICK RANKINE EU5850	SIGNATURE OF INMATE: Derrick Rankine	
WORK ASSIGNMENT: \$100/day relief requested	HOUSING ASSIGNMENT: RHU FID9	
INSTRUCTIONS: PERMANENT SEPARATION FROM CIO HENRY, COY, SCHNAP, ENGELHART, BOWEN, ANDERSON, BINKER, HENDERSEN, STICKLES, MANBERRY and RAUSENWINDER.		

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

Since January 20, 2004, I HAVE BEEN and continues to be DENIED access to the yard and Law Library without provocation or justification.

For example CIO Henry and COY have denied me access to the yard from April 27, 2004 to the present time, EVEN AFTER I signed up for the yard on a daily basis and was ready to go to the yard with my cell light on daily. From February 18, 2004, I have been denied access to the Law Library to the present time, EVEN AFTER I sent a request on a daily (weekly basis).

Personal conference with the Superintende and PRC requested.

B. List actions taken and staff you have contacted, before submitting this grievance.

I spoke to Sgt. Santiago, Lt. Meighen, Lt. Leggett and Captain and Mr. Ivan, about the above. I informed Secretary Beard and Deputy Shaffer of the above on 05/28/04; yet CIO Henry denied me access to the yard on June 1, 2004. I informed Sgt. Tanner who said "You are a pain in my ass RANKINE, shut up!"

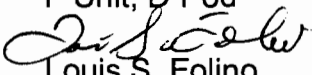
Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
SCI GREENE
OFFICE OF THE SUPERINTENDENT
724-852-2902
June 7, 2004**

SUBJECT: Appeal of Rejected Grievance 85346

TO: Mr. Rankin, EU-5850
F Unit, D Pod

FROM: Louis S. Folino
Superintendent

I am in receipt of your June 4, 2004 appeal of the Grievance Coordinator's rejection of Grievance number 85346. I have reviewed your grievance packet and the Grievance Coordinator's rationale for rejecting your grievance, dated June 2, 2004.

Insofar as your name of commitment is Derrick Rankin, please use that name on all correspondence with the Department of Corrections.

Your instant appeal is denied.

LSF:djk

CC: Deputies
CSA Grievance File at 85346
DC-15 EU-5850


Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) Superintendent Folino		2. Date: JUNE 4, 2004	
3. By: (Print Inmate Name and Number) DERRICK RANKINE EU5850 Derrick Rankine Inmate Signature		4. Counselor's Name Mr. Ivan	
6. Work Assignment		5. Unit Manager's Name Captain Hall	
		7. Housing Assignment RHU FID 9.	
8. Subject: State your request completely but briefly. Give details. THE GRIEVANCE OFFICER did not discuss this grievance with me, and this grievance was signed and dated, with my correct name and signature. This morning I was again denied access to the yard and I am still been denied access to the law library since February 8, 2004. From April 27, 2004, I have been denied access to the yard. Respectfully, Derrick Rankine			
9. Response: (This Section for Staff Response Only)			
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

Staff Member Name _____ / _____ Date _____
Print Sign

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
SCI GREENE
OFFICE OF THE SUPERINTENDENT
724-852-2902
June 17, 2004

SUBJECT: Appeal of Rejected Grievance 86180

TO: Mr. Rankin, EU-5850
F Unit, D Pod

FROM: 
Louis S. Folino
Superintendent

I am in receipt of your June 16, 2004 appeal of the Grievance Coordinator's rejection of Grievance number 86180. I have reviewed your grievance packet and the Grievance Coordinator's rationale for rejecting your grievance, dated June 9, 2004.

Insofar as your name of commitment is Derrick Rankin, please use that name on all correspondence with the Department of Corrections.

Your instant appeal is denied.

LSF:djk

CC: Deputies
CSA Grievance File at 86180
DC-15 EU-5850

Staff Member Name _____ / _____ Date _____
Print Sign


COM. COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
OFFICE OF THE SUPERINTENDENT'S ASSISTANT
SCI-GREENE

FOR OFFICIAL USE ONLY 86181 GRIEVANCE NUMBER
--

DATE: June 9, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, ~~EU 5850~~
F Unit, D Pod

FROM: Dan Davis 
Acting Superintendent's Assistant

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ____ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures.
 - b. DC-ADM 802-Administrative Custody Procedures.
 - c. Other policies not applicable to DC-ADM 804.
2. ____ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ____ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ____ Group grievances are prohibited.
5. X The grievance was not signed and/or dated.
6. ____ Grievances must be legible and presented in a courteous manner.
7. ____ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ____ Grievances based upon different events shall be presented separately.
9. ____ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. ____ You are currently under grievance restriction. You may not file any grievances until _____.
Date
11. ____ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ____ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

DD:tls

cc: FILE
DC-15

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

86181
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Sharon Deleto	FACILITY: SCI GREENE	DATE: JUNE 6, 2004
FROM: (INMATE NAME & NUMBER) DERRICK RANKINE EU 5850	SIGNATURE of INMATE: Derrick Rankine	
WORK ASSIGNMENT:	HOUSING ASSIGNMENT: RHU F09	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

On JUNE 2, 2004 and JUNE 4, 2004, C/O STICKLES CAME OVER THE MICROPHONE and called me "A PIECE OF NIGGER SHIT" "A FCKING PIECE OF NIGGER SHIT" and told me "you ARE going to be physically and sexually abused" and threatened to kill me over and over. I immediately informed Sgt. TANNER of this and while C/O STICKLES were on the MICROPHONE, and in retaliation C/O SCHNAP, wrote "HOMO" on the NO PORK sign and "Inbreed" on the INDIANT sign on my cell door and taped them on my cell window, while Sgt. TANNER, HENRY, COY and ENOCHARDT laughed. During lunch C/O HENRY removed these signs. PERSONAL CONFERENCE WITH PRC and SUPERINTENDENT REQUESTED.

B. List actions taken and staff you have contacted, before submitting this grievance.

I informed Sgt. & TANNER, sent a request to PRC Captain Hall and the SUPERINTENDENT. Sgt. TANNER laughed and allowed C/O SCHNAP to write "HOMO" and "Inbreed" and told me "I think you ARE intimidated with C/O STICKLES and called me A RAT in front of the whole POD. ORR was told also."

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised
December 2000

DC-804
Part 3

COM. JWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
OFFICE OF THE SUPERINTENDENT'S ASSISTANT
SCI-GREENE

FOR OFFICIAL USE ONLY

86180

GRIEVANCE NUMBER

DATE: June 9, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, [REDACTED]
F Unit, D Pod

FROM: Dan Davis
Acting Superintendent's Assistant

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ____ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures.
 - b. DC-ADM 802-Administrative Custody Procedures.
 - c. Other policies not applicable to DC-ADM 804.
2. ____ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ____ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ____ Group grievances are prohibited.
5. X The grievance was not signed and/or dated.
6. ____ Grievances must be legible and presented in a courteous manner.
7. ____ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ____ Grievances based upon different events shall be presented separately.
9. ____ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. ____ You are currently under grievance restriction. You may not file any grievances until _____.
Date
11. ____ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ____ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

DD:tls

cc: FILE
DC-15

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

86180

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Sharon Deleto	FACILITY: SCI-GREENE	DATE: June 6, 2004
FROM: (INMATE NAME & NUMBER) DERRICK RANKINE EU5850	SIGNATURE of INMATE: Demick Rankine	
WORK ASSIGNMENT:	HOUSING ASSIGNMENT: RHU F09	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

Superintendent Folino, Captain Hall, Lt Leggett, Sgt Tanner, Clo Coy, Henry and now Sgt Howell continues to spit in coffee and removed food items from my trays before giving them to me since January 30, 2004. For example, On June 5 and 6, 2004 I was given a cup of coffee loaded with spit or slime, and a tray with 4 sugars. I immediately asked to speak to Sgt. Howells and Clo Coy told him not to speak to me. I returned these coffees to Sgt. Howells with the lips off and told Sgt. Howells that he should watch RHY staff since they are spitting in the cups and trays. **PERSONAL CONFERENCE REQUESTED.**

B. List actions taken and staff you have contacted, before submitting this grievance.

I informed Sgt. Howells and returned coffee undrank with the lips off to Sgt. Howells on both days. I filed numerous grievances and requests to PRC, Captain Hall, the Superintendent, ORR and I informed Secretary Beard and Deputy Shaffer on 05/28/04, yet the above file continues.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

FOR OFFICIAL USE ONLY

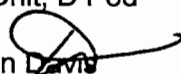
86277

GRIEVANCE NUMBER

DATE: June 10, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, **ED 5250**
F Unit, D Pod

FROM: 
Dan Davis
Acting Superintendent's Assistant

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ____ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures.
 - b. DC-ADM 802-Administrative Custody Procedures.
 - c. Other policies not applicable to DC-ADM 804.
2. ____ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ____ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ____ Group grievances are prohibited.
5. X **The grievance was not signed and/or dated.**
6. ____ Grievances must be legible and presented in a courteous manner.
7. ____ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ____ Grievances based upon different events shall be presented separately.
9. ____ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. ____ You are currently under grievance restriction. You may not file any grievances until _____.
Date
11. ____ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ____ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

DD:tls

cc: FILE
DC-15

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

86277
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Sharon DeLo	FACILITY: SCI-GREENE	DATE: JUNE 9, 2004
FROM: (INMATE NAME & NUMBER) Jemick Rankine EU 5850	SIGNATURE of INMATE: Jemick Rankine	
WORK ASSIGNMENT: RELIEF REQUESTED PERMANENT SEPARATION FROM	HOUSING ASSIGNMENT: RHU FID 9	
INSTRUCTIONS: CL STICKLES, COY and Bowlin plus 150 g/day 1. Refer to the DC-ADM 804 for procedures on the inmate grievance system. 2. State your grievance in Block A in a brief and understandable manner. 3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.		
<p>A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.</p> <p>On June 8, 2004 Cl Bowlin refused to GIVE ME my laundry in retaliation for refusing to withdraw my civil lawsuits against SCI-GREENE'S STAFF AT PRESENT I am in NEED OF 3 (X) BOXERS, 3 (X) T-shirts, 2 sheets, 2 towels, A pillow, A pillow CASE, and A PAIR OF SHOES (RHU). In an effort to keep me silent about the ABOVE retaliatory acts, Cl Bowlin, COY and StickleS also THREATENED to kill me, spit in my food, deny me yard and showers, with all supplies and to put me on grievance restrictions in front of the whole pod; which caused inmate Hughes to EMBARRASSED and HUMILIATED me yesterday and today. Personal Conference Requested.</p>		
<p>B. List actions taken and staff you have contacted, before submitting this grievance.</p> <p>I informed Sgt Santoyo on June 9, 2004, DENT A request to Superintendent Follino and PRC plus I PRESSED the EMERGENCY button over 100 times yesterday and today and asked to SEE CAPTAIN HALL TO NO AVAIL. SEMI FE</p>		

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised
December 2000

DATE: June 15, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, ~~REDACTED~~
F Unit, D Pod

FROM: 
Dan Davis
Acting Superintendent's Assistant

FOR OFFICIAL USE ONLY

86651

GRIEVANCE NUMBER

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ☐ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures
 - b. DC-ADM 802-Administrative Custody Procedures
 - c. other policies not applicable to DC-ADM 804.
2. ☐ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ☐ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ☐ Group grievances are prohibited.
5. ☒ **The grievance was not signed and/or dated.**
6. ☐ Grievances must be legible and presented in a courteous manner.
7. ☐ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ☐ Grievances based upon different events shall be presented separately.
9. ☐ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. ☐ You are currently under grievance restriction. You may not file any grievances until _____.
11. ☐ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ☐ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments: If this grievance issue is still of concern to you, please correct the deficiencies noted above and resubmit the grievance form using the grievance number provided on the grievance form. Please resubmit the corrected grievance form within five (5) working days. DO NOT USE THE GRIEVANCE NUMBER PROVIDED FOR ANY OTHER ISSUE. You must use your name of commitment on all correspondence with Department of Corrections.

DD/ack

CC: FILE
DC-15

COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF CORRECTIONS
 P.O. BOX 598
 CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

86651

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Sharon Delella	FACILITY: SCI GREENE	DATE: JUNE 12, 2004
FROM: (INMATE NAME & NUMBER) DERRICK RANKINE EU 5850	SIGNATURE OF INMATE Derrick Rankine	
WORK ASSIGNMENT: \$10000 RELIEF requested	HOUSING ASSIGNMENT: RHU FID 9	
<p>INSTRUCTIONS:</p> <ol style="list-style-type: none"> 1. Refer to the DC-ADM 804 for procedures on the inmate grievance system. 2. State your grievance in Block A in a brief and understandable manner. 3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted. <p>A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.</p> <p>IN RETALIATION FOR FILING A CIVIL LAW SUIT AGAINST SCI-GREENE Sgt Tanner denied me my lunch tray AFTER CLO Henry spilled cleaning liquid in front of my cell door during cell cleaning. I was at my cell door with my cell lights on, and CLO Henry told Sgt Tanner that the liquid in front of my cell door was cleaning liquid. Inmate Hughes FID 10 was allowed to laugh at me and other inmates. I was told by Sgt Tanner that he Sgt. Tanner is placing me on a hunger strike permanently or until I withdraw my law suits and all my grievances. I will NEVER withdraw my lawsuit or any of my GRIEVANCES.</p> <p>B. List actions taken and staff you have contacted, before submitting this grievance.</p> <p>I asked to speak to the RHU Lieutenant and Captain Hall and this was denied. I then beat on my door and sink until I was told to stop by CLO Henry. I then filed this grievance and informed Nurse Joann and CLO Johnson.</p>		

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
OFFICE OF THE SUPERINTENDENT'S ASSISTANT
SCI-GREENE

FOR OFFICIAL USE ONLY

86653

GRIEVANCE NUMBER

DATE: June 15, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, [REDACTED]
F Unit, D PodFROM: Dan Davis
Acting Superintendent's Assistant

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ☐ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures
 - b. DC-ADM 802-Administrative Custody Procedures
 - c. other policies not applicable to DC-ADM 804.
2. ☐ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ☐ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ☐ Group grievances are prohibited.
5. ☒ **The grievance was not signed and/or dated.**
6. ☐ Grievances must be legible and presented in a courteous manner.
7. ☐ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ☐ Grievances based upon different events shall be presented separately.
9. ☐ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. ☐ You are currently under grievance restriction. You may not file any grievances until _____.
11. ☐ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ☐ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments: If this grievance issue is still of concern to you, please correct the deficiencies noted above and resubmit the grievance form using the grievance number provided on the grievance form. Please resubmit the corrected grievance form within five (5) working days. DO NOT USE THE GRIEVANCE NUMBER PROVIDED FOR ANY OTHER ISSUE. You must use your commitment name on all correspondence with DOC.

DD/ack

CC: FILE
DC-15

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

86653

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Sharon DeLo	FACILITY: SCI Orange	DATE: June 12, 2004
FROM: (INMATE NAME & NUMBER) DERRICK RANKINE	SIGNATURE OF INMATE: Derrick Rankine	
WORK ASSIGNMENT: \$100/day Relief requested.	HOUSING ASSIGNMENT: RHU FID 9	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

On May 27, 2004, CIO Blaker, Bowlin and Henderson and Anderson and Stickles took my laundry and emptied it in the trash can, since then I have only 1 T-shirt and 1 Boxer, no wash rags; this is very very embarrassing and humiliating to me; since I am unable to take a shower and take care of my personal hygiene which is causing me sleeplessness, headaches, and vomiting, and Nightmares. I need 3 (ix boxers) 3 (ix T-shirts) 3 (pair socks) and 3 pairs socks with 2 wash rags; and a 2x (Thermal Underwear bottom and a 1x (Thermal Under Top); and a size 11 shoe for the RHU.

B. List actions taken and staff you have contacted, before submitting this grievance.

I informed Secretary Beard and Deputy Shaffer on 5/28/04
I informed Sgt Santoyo every since May 27 to now.
I informed Lt Meighen on 05/28/04 and 05/29/04
I informed Lt Johnson on 06/10/04 and 06/11/04.
I sent a request to Mr. Price on 05/28/04, yet I am still without the above clothings.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date


WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
OFFICE OF THE SUPERINTENDENT'S ASSISTANT
SCI-GREENE

DATE: June 21, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, EU-5850
F Unit, D Pod

FROM: Dan 
Acting Superintendent's Assistant

FOR OFFICIAL USE ONLY 87215 GRIEVANCE NUMBER
--

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. _____ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures.
 - b. DC-ADM 802-Administrative Custody Procedures.
 - c. Other policies not applicable to DC-ADM 804.
2. _____ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. _____ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. _____ Group grievances are prohibited.
5. X **The grievance was not signed and/or dated.**
6. _____ Grievances must be legible and presented in a courteous manner.
7. _____ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. _____ Grievances based upon different events shall be presented separately.
9. _____ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. _____ You are currently under grievance restriction. You may not file any grievances until _____.
Date
11. _____ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. _____ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

DD:tls

cc: FILE
DC-15

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

87215

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Sharon Deleto	FACILITY: SCI-GREENE	DATE: 6/20/04
FROM: (INMATE NAME & NUMBER) DERRICK RANKINE EU5850	SIGNATURE OF INMATE: Derrick Rankine	
WORK ASSIGNMENT: 8500 day relief requested.	HOUSING ASSIGNMENT: RHU FID 9	
INSTRUCTIONS: SEPARATION FROM CIOCOY, Thompson and Stickles		
<p>1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.</p> <p>2. State your grievance in Block A in a brief and understandable manner.</p> <p>3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.</p>		
<p>A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.</p> <p>On Thursday CIOCOY turned off the water to my cell with out provocation or justification. In retaliation because I refused to withdraw my lawsuit against SCI-GREENE'S STAFF. In the evening during medication time and before dinner I asked CIOCOY, Bomberger and St. Gregor for some water, and they refused.</p> <p>During dinner I again asked CIOCOY and Bomberger for some water to eat with my dinner and they again refused. At tray collection I again asked CIOCOY and Bomberger for some water and they refused. I then asked to open the RHU, pressed the emergency button repeatedly and refused to return my tray until Lt. Meichen came to my cell. All day I was forced to drink toilet water.</p> <p>On Saturday 06/18/04 CIOCOY turned off the water to my cell, which caused me to vomit and urinate blood.</p>		
<p>B. List actions taken and staff you have contacted, before submitting this grievance.</p> <p>I repeatedly and continuously pressed the emergency button all day to no avail. I asked CIOCOY, CIOSTICKLES, HENRY, Bomberger and St. Gregor for some water and to inform the RHU that I had no water. I then drank water from the toilet because I started urinating blood. I was then put on a loaf which I will not receive and have not received since Friday 06/18/04. I sent a sick call request to medical.</p>		

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised
December 2000

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
OFFICE OF THE SUPERINTENDENT'S ASSISTANT
SCI-GREENE

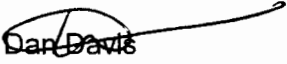
FOR OFFICIAL USE ONLY

87216

GRIEVANCE NUMBER

DATE: June 21, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, EU-5850
F Unit, D PodFROM: 
Acting Superintendent's Assistant

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ☐ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures.
 - b. DC-ADM 802-Administrative Custody Procedures.
 - c. Other policies not applicable to DC-ADM 804.
2. ☐ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ☐ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ☐ Group grievances are prohibited.
5. ☒ **The grievance was not signed and/or dated.**
6. ☐ Grievances must be legible and presented in a courteous manner.
7. ☐ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ☐ Grievances based upon different events shall be presented separately.
9. ☐ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. ☐ You are currently under grievance restriction. You may not file any grievances until _____ Date.
11. ☐ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ☒ **The issue(s) presented on the attached grievance has been reviewed and addressed previously.**

Additional Comments: Refer to grievance number 87215.

DD:tlb

cc: FILE
DC-15

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

87216
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Sharon Deleto	FACILITY: SCI-GREENE	DATE: 06/19/04
FROM: (INMATE NAME & NUMBER) JERRICK RANKINE EU 5850	SIGNATURE OF INMATE: Jerrick Rankine	
WORK ASSIGNMENT: \$1000/day relief requested.	HOUSING ASSIGNMENT: RMA F109.	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

On Thursday 06/18/04 and Friday 06/19/04, C/O Coy and Thompson turned off the water in my cell because inmates (cell 10), 21 and 22 flooded my cell and the passage way. Sgt. Gregco, C/O Anderson, Stickles, Bomberger and Sgt. Tanner with C/O Coy and Thompson knew that I did not and could not flood my cell or the passage, since they saw and heard these inmates flowing my cell and the passage way and the water was coming into my cell, not leaving my cell. Furthermore, I have been incarcerated a long time and I never once flowed by cell, not even when I am washing out my cell. Also on numerous occasions Sgt. Santiago had to turn off the water to inmate Hughes cell for doing the above, was extremely humiliated and embarrassed; plus pass blood, on each occasion.

B. List actions taken and staff you have contacted, before submitting this grievance.

I informed Night-shift (C/O)s: C/O Coy, C/O Henry, Sgt. Tanner, Sgt. Gregco and Lt. Meighen and nothing was done. I then beat on my sink all day and night, and informed C/O Stickles, Anderson, Bomberger that inmate Hughes and the inmates in 21 and 22 cells were flooding my cell. They laughed. So I beat on the sink some more. Cell door bottom to prove

Your grievance has been received and will be processed in accordance with DC-ADM 804.

THE WATER FROM
coming into my
cell.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised
December 2000

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
OFFICE OF THE SUPERINTENDENT'S ASSISTANT
SCI-GREENE

FOR OFFICIAL USE ONLY

87218

GRIEVANCE NUMBER

DATE: June 21, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, EU-5850
F Unit, D Pod

FROM: Dan Davis
Acting Superintendent's Assistant

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ☐ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures.
 - b. DC-ADM 802-Administrative Custody Procedures.
 - c. Other policies not applicable to DC-ADM 804.
2. ☐ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ☐ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ☐ Group grievances are prohibited.
5. ☒ **The grievance was not signed and/or dated.**
6. ☐ Grievances must be legible and presented in a courteous manner.
7. ☐ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ☐ Grievances based upon different events shall be presented separately.
9. ☐ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. ☐ You are currently under grievance restriction. You may not file any grievances until _____.
Date
11. ☐ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ☐ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

DD:tls

cc: FILE
DC-15

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

87218
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Sharon DeLeo	FACILITY: SCI-GREENE	DATE: 06/19/04
FROM: (INMATE NAME & NUMBER) DERRICK RANKINE EU5850	SIGNATURE OF INMATE: Derrick Rankine	
WORK ASSIGNMENT: \$1000/day relief requested	HOUSING ASSIGNMENT: RAU FID 9	
INSTRUCTIONS: PERMANENT SEPARATION FROM CLOSTICKLES, BLAKER, HENDERSEN AND ANDERSON		
<p>1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.</p> <p>2. State your grievance in Block A in a brief and understandable manner.</p> <p>3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.</p>		
<p>A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.</p> <p>IN RETALIATION FOR FILING A CIVIL LAWSUIT AGAINST CLOSTICKLES and for a DEPARATION FROM CLOSTICKLES, CLOSTICKLES CALLED ME "A PIECE OF NIGGER SHIT" ON Thursday and Friday JUNE 06/18/ and 06/19, and continues to come over the microphone and threatening to kill me; SEXUALLY and physically assault me and this behavior of CLOSTICKLES ARE ENCOURAGED and condoned by Lt MEISHEN, Sgt. GREGG and Santoyo from March 2, 2004 to today.</p> <p>Personal Conference with PRC and the Superintendent requested</p>		
<p>B. List actions taken and staff you have contacted, before submitting this grievance.</p> <p>SINCE MARCH 2, 2004, I HAVE REPEATEDLY and continuously asked for a DEPARATION from CLOSTICKLES. I filed numerous GRIEVANCES and REQUESTS about the ABOVE behavior of CLOSTICKLES. I informed Sgt. GREGG, Sgt. Tanner and SANTOYO of the ABOVE behavior of CLOSTICKLES, and APPEALED to Sgt. BEARD and the OFFICE OF PROFESSIONAL RESPONSIBILITY. I also informed SECRETARY BEARD and Deputy SHAFER and JACKSON OF THE ABOVE.</p>		

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised
December 2000

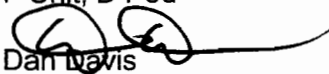
FOR OFFICIAL USE ONLY

86993

GRIEVANCE NUMBER

DATE: June 18, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, EU-5850
F Unit, D PodFROM: 
Dan Davis
Acting Superintendent's Assistant

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ☐ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures.
 - b. DC-ADM 802-Administrative Custody Procedures.
 - c. Other policies not applicable to DC-ADM 804.
2. ☐ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ☐ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ☐ Group grievances are prohibited.
5. ☒ **The grievance was not signed and/or dated.**
6. ☐ Grievances must be legible and presented in a courteous manner.
7. ☐ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ☐ Grievances based upon different events shall be presented separately.
9. ☐ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. ☐ You are currently under grievance restriction. You may not file any grievances until _____.
Date
11. ☐ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ☐ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

DD:tls

cc: FILE
DC-15

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

86993
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Sharon Deleto	FACILITY: SCI GREENE	DATE: 6/16/04
FROM: (INMATE NAME & NUMBER) JERRICK RANKINE EU 5850	SIGNATURE OF INMATE: Jerrick Rankine	
WORK ASSIGNMENT:	HOUSING ASSIGNMENT: RHU FID9	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

Today 6/16/04, I asked C/O Doyle for 12 grievances, 12 requests to staff, 4 cash slips, and 4 sick call slips; and C/O Engelhardt and Stickles told him not to give me these supplies. Instead I was given 1 grievance, 4 requests to staff, 2 sick call slips and 2 cash slips.

This is an indication that your staff are abusing me in the RHU and they are trying to cover-up these abuses by denying me the necessary supplies to document it. Again I would like a conference with the Superintendent for him to put a stop to these abuses.

B. List actions taken and staff you have contacted, before submitting this grievance.

I informed C/O Doyle that I have 6 grievance appeals to file to Camp Hill and three to the Superintendent and so I need the above requests to file these appeals; yet he refused to give me the above supplies. C/O Stickles and Engelhardt then began calling me a bunch of derogatory names.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy